

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 7  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00053553       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name of Payee <b>Starboard Strategic, Inc.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 01 / 2014         </div>	
Mailing Address 705 Melvin Avenue, #105		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">289843.75</div>	
City State Zip Code Annapolis MD 21401	<b>Transaction ID : 61669045</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Purpose of Expenditure TV Advertising	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">004</div>		
Name of Federal Candidate Mary Michelle Nunn		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Starboard Strategic, Inc.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 01 / 2014         </div>	
Mailing Address 705 Melvin Avenue, #105		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">60253.00</div>	
City State Zip Code Annapolis MD 21401	<b>Transaction ID : 61846489</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Purpose of Expenditure Internet Advertising	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">004</div>		
Name of Federal Candidate Jeanne Shaheen		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">350096.75</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014

Signature